

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

BYERS, PATRICIA, , ,

Mailing Address P.O. BOX 429

City
THORNVILLE

State
OH

Zip Code
43076

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

70.00

Transaction ID : SA17A.6008

Date of Receipt

M M / D D / Y Y Y Y
05 / 30 / 2017

Amount of Each Receipt this Period

35.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

BYERS, PATRICIA, , ,

Mailing Address P.O. BOX 429

City
THORNVILLE

State
OH

Zip Code
43076

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105.00

Transaction ID : SA17A.6009

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2017

Amount of Each Receipt this Period

35.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

CABAL-KESSLER, ANGELA, , ,

Mailing Address 515 S DIVISION ST

City
AUDUBON

State
IA

Zip Code
50025

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLLABORATIVE MGMT
PLASTICITY/KESSLER

Occupation
CONSULTANT

Receipt For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

652.04

Transaction ID : SA17A.6011

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2017

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

120.00

Total This Period (last page this line number only)